PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

10643828

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			10					RATE	FEE) 	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		}	BASIC FEE	375.00	OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS			0 minus 20=		· ()			X\$ 9=		OR	X\$18≃	
INDEPENDENT CLAIMS			minus 3 =		* 0		1	X42=		OR	X84=	
MULTIPLE DEPENDENT CLAIM PRESENT								+140=		OR	+280≈	
* If	the difference	in column 1 is	ess than zero, enter "0" in			olumn 2	L	TOTAL	345	OR	TOTAL	
CLAIMS AS AMENDED - PART II								'		-	OTHER	THAN
		(Column 1)	(Colum			(Column 3)		SMALL	ENTITY	OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	* ENTATION OF M	Minus	***	CL AIM	=		X42=		OR	X84=	
<u> </u>	FINOT PRESE	INTATION OF W	JETIPLE DE	PENDEN	CLAIM		[+140=		OR	+280=	
										OR	TOTAL	
(Column 1) (Column 2) (Column 3)								DDIT. FEE			ADDIT. FEE	
		CLAIMS		HIGH			lr		ADDI-			ADDI-
AMENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	OUSLY	PRESENT EXTRA		RATE	TIONAL	-10	RATE	TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X42=		OR	X84=	
<u></u>	FIRST PRESE	NTATION OF M	JUITPLE DEI	PENDEN	CLAIM		¹	+140=		OR	+280=	
							L	TOTAL DDIT. FEE			TOTAL ADDIT, FEE	
	(Column 1) (Column 2) (Column 3)								· ·		ADOM: 1 CE	
AMENDMENT C		CLAIMS		HIGH	EST		lr		ADDI		r	ADDI
		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	lt	X42=		0.0	X84=	
	FIRST PRESE	ILTIPLE DEPENDENT		CLAIM		1 +	A12-		OR	7.042		
* 1	f the entry in col-	mn 1 is loss than t	no oninzia ach	tma 2 units	a "N" in an	luma 2		+140≈		OR	+280=	·
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." OR TOTAL ADDIT. FEE												
		nber Previously Pa					er form	nd in the and	ronriale ho	in col	lumn 1	